

EXHIBIT 44

Attachment A; Documents(7) (pg. 5)



Referrals to Coastal Georgia Comprehensive Academy and completed and processed in accordance with State Rules and Regulations {**Ga. Comp. R. & Regs. r. 160-4-7-.15 Georgia Network for Educational and Therapeutic Support (GNETS)(3)(a)(b)(c) and (4)(a)(b)(c)**} and Federal Laws regarding special Education {**34 CFR § 300.321**} (see attached rules) by the **child's area/home school**.

Additionally, Coastal Georgia Comprehensive Academy (CGCA) ad the area school served by CGCA utilizes a process set forth by the GaDOE/GNETS and described in flow chart to ensure ease of use. This process includes but is not limited to (see attached flow chart are forms):

1. Request for GNETS Consultation (which is completed by the referring school, not CGCA)
2. Guiding Questions for Consideration of GNETS Services Form (which is completed by the referring school, not CGCA)
3. Confidential Student Information Packet (completed by the referring school, nit CGCA)

Ga. Comp. R. & Regs. r. 160-4-7-.15 Georgia Network for Educational and Therapeutic Support (GNETS)(3)(a)(b)(c) and (4)(a)(b)(c)

(3) CONSIDERATION FOR GNETS SERVICES.

(a) Consideration for GNETS services is determined by the student's Individualized Education Program (IEP) team using the criteria set forth in SBOE Rule 160-4-7-.06.

(b) IEP teams considering recommendation of GNETS services will follow the notice requirements of SBOE Rule 160-4-7-.06. The IEP meeting will include a GNETS director or his/her designee.

(c) An individual student is considered for GNETS services only if his or her IEP team recommends GNETS services based on the existence of all of the following, which will be documented in the student's education record:

1. Documentation that indicates evidence of annual IEP reviews, progress monitoring data aligned with IEP goals, documentation indicating prior services were delivered in a lesser restrictive environment and the student's inability to receive FAPE in that environment.
2. A Functional Behavioral Assessment (FBA) and/or Behavior Intervention Plan (BIP) administered within the past year.
3. Documentation that a comprehensive reevaluation has been completed within the last 3 years.

(4) CONTINUUM OF GNETS SERVICE DELIVERY AND ENVIRONMENTS.

(a) The IEP team must determine that GNETS services are necessary for students to receive FAPE. Removal from the general education setting will occur only when the nature or severity of students' social, emotional and/or behavioral challenges are such that education in a general education setting with the use of supplementary services and intensive individualized interventions cannot be achieved.

(b) The IEP team will consider the various setting in which GNETS services may be delivered and determine whether the individual student is likely to receive FAPE in each environment, beginning with the least restrictive setting.

(c) The GNETS continuum of services by environment may be delivered as follows:

1. Services provided in the general education setting in the student's Zoned School or other public school.
2. Services provided in the student's Zoned School or other public school setting by way of a "pull out" from the general education setting for part of the school day.

3. Services provided in the student's Zoned School or other public school for part of the school day in a setting dedicated to GNETS. 4. Services provided in the student's Zoned School or other public school for the full school day, in a setting dedicated to GNETS. 5. Services provided in a facility dedicated to GNETS for part of the school day. 6. Services provided in a facility dedicated to GNETS for the full school day

34 CFR § 300.321 - IEP Team

a) General. The public agency must ensure that the IEP Team for each child with a disability includes -

- (1) The parents of the child;
- (2) Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- (3) Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- (4) A representative of the public agency who -
 - (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (ii) Is knowledgeable about the general education curriculum; and
 - (iii) Is knowledgeable about the availability of resources of the public agency.
- (5) An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in paragraphs (a)(2) through (a)(6) of this section;
- (6) At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- (7) Whenever appropriate, the child with a disability.

(b) Transition services participants.

- (1) In accordance with paragraph (a)(7) of this section, the public agency must invite a child with a disability to attend the child's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child and the transition services needed to assist the child in reaching those goals under § 300.320(b).
- (2) If the child does not attend the IEP Team meeting, the public agency must take other steps to ensure that the child's preferences and interests are considered.
- (3) To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, in implementing the requirements of paragraph (b)(1) of this section, the public agency must invite a

representative of any participating agency that is likely to be responsible for providing or paying for transition services.

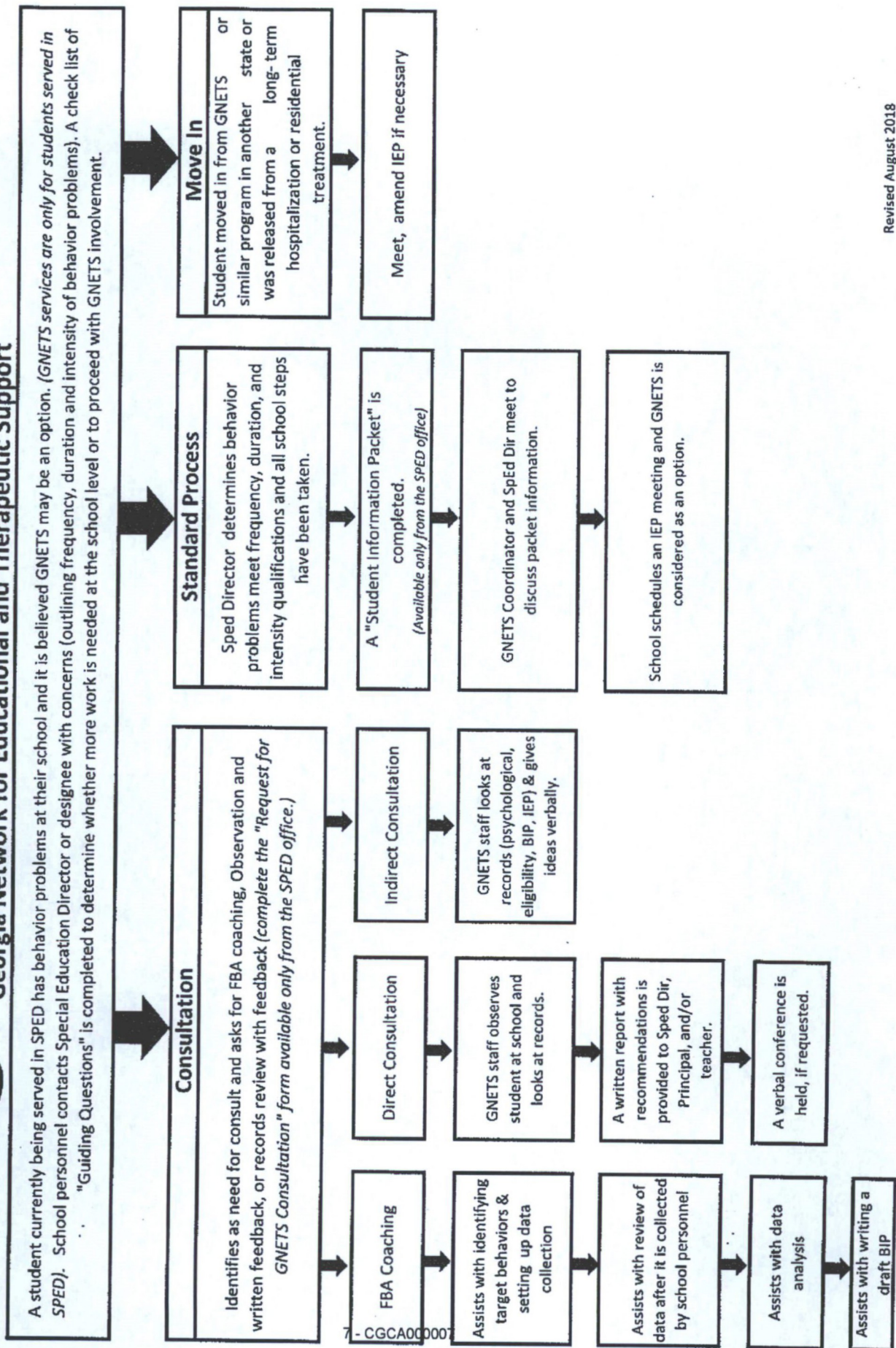
(c) *Determination of knowledge and special expertise.* The determination of the knowledge or special expertise of any individual described in paragraph (a)(6) of this section must be made by the party (parents or public agency) who invited the individual to be a member of the IEP Team.

(d) *Designating a public agency representative.* A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the criteria in paragraph (a)(4) of this section are satisfied.



GNETS Services Flow Chart

Georgia Network for Educational and Therapeutic Support





Georgia Network for Educational and Therapeutic Support

Request for GNETS Consultation

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for
confidentiality purposes.**

Revised August 2018

7 CGCA000008



Request for GNETS Consultation

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	Grade
System	School Attending		Home School

Check the Consultative Services you would like for GNETS to provide (choose one):

- ☐ Participation in a planning meeting
- ☐ Functional Behavior Assessment (FBA) Coaching
- ☐ Participate in Behavior Implementation (BIP) Plan Development
- ☐ Classroom Observation and Written Feedback
- ☐ Records Review with Feedback

What concerns do you have regarding the student and the reason for requesting GNETS Consultation?

	Print name	Contact phone & email
Referring Teacher		
Referring Principal (or Designee)		
Special Education Director (or Designee)		

Please email, mail or fax this form to:

Revised June 2018

7 - CGCA000009



Georgia Network for Educational and Therapeutic Supports

Guiding Questions for Consideration of GNETS Services

1. Is the student currently served in Special Education?

Is the student currently being served in special education?

YES NO

If the answer is "NO" then GNETS is not an appropriate consideration at this time. Staff may want to consider convening the RTI or SST team to address the next steps for this student.

2. Does this student have a Behavior Intervention Plan (BIP) completed within the past year that is based upon an appropriate Functional Behavior Assessment (FBA)?

- | | | |
|---|-----|----|
| • Has an FBA been completed on this student? | YES | NO |
| • Was information from the FBA used to write the BIP? | YES | NO |
| • Does the BIP appropriately address the current target behaviors of concern? | YES | NO |
| • Is the current BIP being implemented with fidelity across all settings in the school? | YES | NO |
| • Is there data to support BIP implementation as well as its impact on the target behavior? | YES | NO |
| • Has a comprehensive evaluation been completed within the past 3 years? | YES | NO |

If the answer to any of these questions is "NO" or "uncertain," then the BIP should be revised (or implemented appropriately). An FBA or new FBA may also need to be considered and completed (if deemed necessary). Once the BIP is revised or determined that it needs to be implemented as written, then data on effectiveness and implementation fidelity should be kept and a meeting date should be rescheduled to review outcomes.

3. Have any Evidenced Based Interventions been implemented with this student?

- | | | |
|--|-----|----|
| • Have Evidence-Based Interventions (EBI) been implemented with fidelity with this student? | YES | NO |
| • Has data been kept on the EBI's impact with this student? | YES | NO |
| • Does the data clearly show that the EBI is NOT positively impacting the student's behavior? | YES | NO |
| • Have the interventions been implemented for a significant length of time to demonstrate their effectiveness or lack thereof? | YES | NO |

If the answer to any of these questions is "no" or "uncertain," then the team should determine an appropriate EBI to implement with this student. They should review the steps involved in the intervention and work to ensure that all members of the student's team involved in implementing the intervention know how to implement with fidelity. A data collection procedure and method for ongoing fidelity checks should be put in place. A schedule regarding the length of time for the EBI to be implemented should be set and the team should meet to review data related to the effectiveness of the intervention at the end of that time.

4. What is/are this student's current placement and/or circumstances?

- Have all options on the special education continuum been considered and/or tried for this student? (If the answer to this question is "no" then the special education committee may want to convene to consider other placement options, segment changes, delivery models, etc. to insure the student is being served least restrictively. YES NO
- Some additional factors that might need to be discussed/explored:
 - Has the student been explicitly taught the expectations or skill steps? (We should not assume that a student has the knowledge or skills to implement appropriate behaviors - we have to teach them first). YES NO

Guiding Questions for Consideration of GNETS Services

Page 2.

- | | | | | | | | | | | | | | |
|---|---|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|
| <ul style="list-style-type: none"> ○ Has staff tried other preventative measures such as moving the child's desk in the classroom (nearer or away from the teacher or others, the door, etc.), adjusting his/her schedule, or making contact with the parent, etc? ○ Are there medication issues for this child? (ie. Is he/she supposed to be taking medication but is not or are there concerns with consistency of it being administered? Are there concerns about dosages, etc? (If there are concerns in this area, school staff may want to consider having the school nurse involved to complete a behavior checklist, contact the parent, or contact the doctor's office). ○ Are there skill deficits in academics that might lead to avoidance behaviors? ○ If there are known skill deficits, has remediation been provided in this area for the student? ○ Does the student receive a higher ratio of positive versus negative feedback from his/her teachers on a consistent basis? ○ Are there changes or concerns in the home setting or has the student experienced any recent losses or trauma in their life? | <table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> </table> | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| YES | NO | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | |

Once all of these questions have been answered, the team needs to determine whether or not there are some areas that need to be addressed prior to moving forward with the most restrictive placement of GNETS. An action plan needs to be developed in regards to the other considerations that might need to be addressed or other placement options within the school may need to be attempted.

Is there documentation that indicates evidence of

- | | | | | | | | |
|--|--|-----|----|-----|----|-----|----|
| <ul style="list-style-type: none"> • Annual IEP Reviews? • Progress monitoring data aligned with IEP goals? • Documentation indicating prior services were delivered in a less restrictive environment and the student's inability to receive FAPE in that environment? | <table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td>YES</td><td>NO</td></tr> </table> | YES | NO | YES | NO | YES | NO |
| YES | NO | | | | | | |
| YES | NO | | | | | | |
| YES | NO | | | | | | |
-
- *All data should be clearly documented in the students Present Level related to all of the questions and answers contained in this document.*
 - *IEP goals should be developed and/or revised to include the behaviors that necessitate placement in the GNETS Program and the data that supports the placement decision as well as the criteria that will be considered to insure that the student is served in the least restrictive educational placement.*



Georgia Network for Educational and Therapeutic Support

Confidential Student Information Packet

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

Please keep this coversheet on top of packet for confidentiality purposes.

Student Information Packet

Confidential Student Information

**Student Demographic Information**

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	Grade
System	School Attending		Home School
Physical Address:		City	GA Zip
Mailing Address (If Different):		City	GA Zip
Guardian Name	Guardian Email		
Guardian Cell	Guardian Work Phone	Guardian Home	

What Services would you like for the GNETS program to provide?

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Student Current IEP Information

Primary Disability	Secondary Disability	Annual Review Expiration Date	Eligibility Expiration Date
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The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavior disorders as indicated:

- ☐ An inability to learn that cannot be explained by intellectual, sensory, or health factors
- ☐ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

Documents Provided

- ☐ Current IEP
- ☐ Current Eligibility
- ☐ Psychological Evaluation within 3 years
- ☐ Functional Behavior Assessment
- ☐ Behavior Intervention Plan
- ☐ Progress Monitoring Data on BIP implementation
- ☐ Other (List):

Confidential Student Information


System of Care / Interagency Providers involved with student - Please list agency, contact, and contact phone number (ie. Mental Health, DFCS, DJJ, Private Providers, Etc.)

Provider	Contact	Contact Phone

Current Medical and/or Psychiatric Diagnosis (please list diagnosis and physician's name/date)

Current Medications	Medications student has been on in past (if any)
Has the student ever received GNETS Services in the past? If so, please list dates:	Has this student ever been retained? Y N If so, list grades/dates retained:
Please list other additional relevant information:	Type of transportation services needed:

Full Continuum of Special Education Services Offered:

GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:

Services	Number of Segments	Date of Placement	Date Terminated
Consultation			
Regular Ed Classroom			
Inclusion classroom			
SPED Resource or Pull-outs Part Day			
SPED Classroom -Full Day			
GNETS Consultative Services			
GNETS Direct Services			
GNETS Part Day			
GNETS Full Day			
Homebound Instruction			
Residential School or Program			

Student Functional Behavior Assessment and Behavior Intervention Plan

Functional Behavior Assessment Date:	Target Behaviors:
Behavior Intervention Plan Date/Review Dates:	Interventions:

Confidential Student Information



Suspensions: Please list dates and reasons student was suspended this school year:

Example: 8/2/16, 3 day suspension, assaulting teacher

Emergency Physical Restraint: Please list dates and reasons student was physically restrained this school year if any:

Please list the number of office disciplinary reports and attach to this packet.

Disciplinary and Restraint Data

Academic Supports

Current Evidenced-Based Academic Interventions	How Often	Site/Login /Password for Web-based interventions that we can continue

Please attach the following documents when you submit this information packet:

- ☐ Current IEP
- ☐ Current psychological evaluation (must be within 3 years)
- ☐ Current Eligibility Report
- ☐ Current Functional Behavior Assessment and Behavior Intervention Plan
- ☐ Comprehensive Social History, if available
- ☐ BASC-3 and Strengths Difficulties Questionnaire, if available
- ☐ Students with Autism: Vineland, ABAS, Basc-3, CARRS, etc., if available



Please be sure to refer to the GNETS Flow Chart and Guiding Questions before submitting this Student Information Packet.



	Print name	Contact number & email
Referring Teacher		
Referring Principal (or Designee)		
Special Education Director (or Designee).		

Please email, mail or fax the student info pack with all documents to: